



ecology and environment, inc.

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International Specialists in the Environmental Sciences

DATE: March 17, 1983
TO: File/USEPA Region V
FROM: Lisa Perenchio
SUBJECT: Preliminary Assessment
Minnesota/TDD#R5-8212-04A, 05-MN-0055
St. Paul/Pigs Eye Landfill
MND980609085

US EPA RECORDS CENTER REGION 5



557266

Attached is EPA's Preliminary Assessment Form 2070-12 for the above referenced site.

Primary information was gathered from the following source(s):

1. Minnesota Pollution Control Agency, Roseville
- 2.
- 3.

Information indicates the following responsible parties should be listed. They are listed here because of space limitations:

1. Burlington Northern (Partial Property Owner)
2. State of Minnesota Department of Conservation
3. (Partial Property Owner)

Presently, data gaps or no verification exists in the following key area(s):

- 1.
- 2.
- 3.

A review of the available data indicates that additional information will be necessary to assess the impact(s) on:

- 1.
- 2.
- 3.
- 4.
- 5.

Suggested methods/sources for obtaining additional information are:

- 1.
- 2.
- 3.

Notice of an apparent need for emergency action was transmitted to N/A on N/A

by N/A.



POTENTIAL HAZARDOUS WASTE SITE
PRELIMINARY ASSESSMENT
PART 1 - SITE INFORMATION AND ASSESSMENT

I. IDENTIFICATION

01 STATE 02 SITE NUMBER
MN MND980609085

II. SITE NAME AND LOCATION

01 SITE NAME (Legal, common, or descriptive name of site) PIGS EYE LANDFILL		02 STREET, ROUTE NO., OR SPECIFIC LOCATION IDENTIFIER 1 MILE EAST OF WARNER RD.			
03 CITY ST. PAUL	04 STATE MN	05 ZIP CODE 55107	06 COUNTY RAMSEY	07 COUNTY CODE 123	08 CONG DIST 4
09 COORDINATES LATITUDE 44°55'50.0"		LONGITUDE 093°02'30.0"		ST. PAUL EAST QUADRANGLE 53, T28N R22W	
10 DIRECTIONS TO SITE (Starting from nearest public road) WARNER ROAD ALONG THE MISSISSIPPI RIVER TO SOUTH ON ROAD THAT GOES TO THE SEWAGE TREATMENT PLANT. ~ .5 MI. SOUTH ON THAT ROAD.					

III. RESPONSIBLE PARTIES

01 OWNER (If known) PORT AUTHORITY OF THE CITY OF ST. PAUL		02 STREET (Business, mailing, residential) 330 MINNESOTA BUILDING, 4TH & CE.			
03 CITY ST. PAUL	04 STATE MN	05 ZIP CODE 55101	06 TELEPHONE NUMBER 16121224-5686		
07 OPERATOR (If known and different from owner) CITY OF ST. PAUL		08 STREET (Business, mailing, residential) SAME AS ABOVE			
09 CITY	10 STATE	11 ZIP CODE	12 TELEPHONE NUMBER ()		
13 TYPE OF OWNERSHIP (Check one) <input type="checkbox"/> A. PRIVATE <input type="checkbox"/> B. FEDERAL: _____ (Agency name) <input type="checkbox"/> C. STATE <input type="checkbox"/> D. COUNTY <input checked="" type="checkbox"/> E. MUNICIPAL <input type="checkbox"/> F. OTHER: _____ (Specify) <input type="checkbox"/> G. UNKNOWN					
14 OWNER/OPERATOR NOTIFICATION ON FILE (Check all that apply) <input type="checkbox"/> A. RCRA 3001 DATE RECEIVED: <u>NONE</u> MONTH DAY YEAR <input checked="" type="checkbox"/> B. UNCONTROLLED WASTE SITE (CERCLA 103 c) DATE RECEIVED: <u>6/1/81</u> MONTH DAY YEAR <input type="checkbox"/> C. NONE					

IV. CHARACTERIZATION OF POTENTIAL HAZARD

01 ON SITE INSPECTION <input checked="" type="checkbox"/> YES DATE <u>UNKNOWN</u> MONTH DAY YEAR <input type="checkbox"/> NO		BY (Check all that apply) <input type="checkbox"/> A. EPA <input type="checkbox"/> B. EPA CONTRACTOR <input checked="" type="checkbox"/> C. STATE <input checked="" type="checkbox"/> D. OTHER CONTRACTOR <input checked="" type="checkbox"/> E. LOCAL HEALTH OFFICIAL <input type="checkbox"/> F. OTHER: _____ (Specify) CONTRACTOR NAME(S): <u>CONSULTING ENGINEERS DIVERSIFIED, CH₂M HILL</u>			
02 SITE STATUS (Check one) <input checked="" type="checkbox"/> A. ACTIVE <input type="checkbox"/> B. INACTIVE <input type="checkbox"/> C. UNKNOWN		03 YEARS OF OPERATION <u>1945</u> <u>1975</u> BEGINNING YEAR ENDING YEAR <input type="checkbox"/> UNKNOWN			
04 DESCRIPTION OF SUBSTANCES POSSIBLY PRESENT, KNOWN, OR ALLEGED SLUDGE INCUBATOR ASH					
05 DESCRIPTION OF POTENTIAL HAZARD TO ENVIRONMENT AND/OR POPULATION CONTAMINATION OF SURFACE WATER, PERCOLATION INTO GROUNDWATER					

V. PRIORITY ASSESSMENT

01 PRIORITY FOR INSPECTION (Check one. If high or medium is checked, complete Part 2 - Waste Information and Part 3 - Description of Hazardous Conditions and Incidents) <input type="checkbox"/> A. HIGH (Inspection required promptly) <input type="checkbox"/> B. MEDIUM (Inspection required) <input type="checkbox"/> C. LOW (Inspect on time available basis) <input type="checkbox"/> D. NONE (No further action needed, complete current disposition form)			
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VI. INFORMATION AVAILABLE FROM

01 CONTACT DOUG DAY		02 OF (Agency/Organization) MINN. PCA, ROSEVILLE		03 TELEPHONE NUMBER 1612297-2704	
04 PERSON RESPONSIBLE FOR ASSESSMENT		05 AGENCY	06 ORGANIZATION	07 TELEPHONE NUMBER ()	08 DATE ____/____/____ MONTH DAY YEAR

II. WASTE STATES, QUANTITIES, AND CHARACTERISTICS

01 PHYSICAL STATES (Check all that apply)	02 WASTE QUANTITY AT SITE (Measures of waste quantities must be independent)	03 WASTE CHARACTERISTICS (Check all that apply)
<input type="checkbox"/> A. SOLID <input type="checkbox"/> E. SLURRY	TONS _____	<input type="checkbox"/> A. TOXIC <input type="checkbox"/> E. SOLUBLE <input type="checkbox"/> I. HIGHLY VOLATILE
<input checked="" type="checkbox"/> B. POWDER, FINES <input type="checkbox"/> F. LIQUID	CUBIC YARDS <u>136,000</u>	<input type="checkbox"/> B. CORROSIVE <input type="checkbox"/> F. INFECTIOUS <input type="checkbox"/> J. EXPLOSIVE
<input type="checkbox"/> C. SLUDGE <input type="checkbox"/> G. GAS	NO. OF DRUMS _____	<input type="checkbox"/> C. RADIOACTIVE <input type="checkbox"/> H. IGNITABLE <input type="checkbox"/> K. REACTIVE
<input type="checkbox"/> D. OTHER _____ (Specify)		<input type="checkbox"/> L. INCOMPATIBLE <input type="checkbox"/> M. NOT APPLICABLE

III. WASTE TYPE

CATEGORY	SUBSTANCE NAME	01 GROSS AMOUNT	02 UNIT OF MEASURE	03 COMMENTS
SLU	SLUDGE			
OLW	OILY WASTE			
SOL	SOLVENTS			
PSD	PESTICIDES			
OCC	OTHER ORGANIC CHEMICALS	136,000	cy	SLUDGE INCINERATOR ASH
IOC	INORGANIC CHEMICALS			
ACD	ACIDS			
BAS	BASES			
MES	HEAVY METALS			

IV. HAZARDOUS SUBSTANCES *(See Appendix for most frequently cited CAS Numbers)*

[illegible]

V. FEEDSTOCKS (See Appendix for CAS Numbers)

CATEGORY	01 FEEDSTOCK NAME	02 CAS NUMBER	CATEGORY	01 FEEDSTOCK NAME	02 CAS NUMBER
FDS			FDS		
FDS			FDS		
FDS			FDS		
FDS			FDS		

VI. SOURCES OF INFORMATION (Cite specific references, e.g., state files, sample analysis, reports)

MINN. POLL. CONTROL AGY. FILES, ROSEVILLE



POTENTIAL HAZARDOUS WASTE SITE
PRELIMINARY ASSESSMENT

PART 3 - DESCRIPTION OF HAZARDOUS CONDITIONS AND INCIDENTS

I. IDENTIFICATION

01 STATE 02 SITE NUMBER
MA MND 980609085

II. HAZARDOUS CONDITIONS AND INCIDENTS

01 ☒ A. GROUNDWATER CONTAMINATION

03 POPULATION POTENTIALLY AFFECTED: 500

02 ☐ OBSERVED (DATE:)

☒ POTENTIAL

☐ ALLEGED

04 NARRATIVE DESCRIPTION

GROUNDWATER IS VERY CLOSE TO THE SURFACE AND IS DIRECTLY TIED TO THE SURFACE WATER IN THE AREA. THERE ARE MANY MONITORING WELLS IN AND AROUND THE SITE THAT ARE MONITORED BY THE METROPOLITAN WASTE CONTROL COMMISSION

01 ☒ B. SURFACE WATER CONTAMINATION

03 POPULATION POTENTIALLY AFFECTED: 200

02 ☐ OBSERVED (DATE:)

☒ POTENTIAL

☐ ALLEGED

04 NARRATIVE DESCRIPTION

THE LANDFILL IS OCCASSIONALLY SUBJECTED TO FLOODING. ALSO, BATTLE CREEK USED TO FLOW THROUGH THE SITE BUT HAS BEEN DIVERTED. THE SITE IS ALSO ON THE BANKS OF PIGS EYE LAKE.

01 ☐ C. CONTAMINATION OF AIR

03 POPULATION POTENTIALLY AFFECTED:

02 ☐ OBSERVED (DATE:)

☐ POTENTIAL

☐ ALLEGED

04 NARRATIVE DESCRIPTION

01 ☐ D. FIRE/EXPLOSIVE CONDITIONS

03 POPULATION POTENTIALLY AFFECTED:

02 ☐ OBSERVED (DATE:)

☐ POTENTIAL

☐ ALLEGED

04 NARRATIVE DESCRIPTION

01 ☐ E. DIRECT CONTACT

03 POPULATION POTENTIALLY AFFECTED:

02 ☐ OBSERVED (DATE:)

☐ POTENTIAL

☐ ALLEGED

04 NARRATIVE DESCRIPTION

01 ☐ F. CONTAMINATION OF SOIL

03 AREA POTENTIALLY AFFECTED: (Acres)

02 ☐ OBSERVED (DATE:)

☐ POTENTIAL

☐ ALLEGED

04 NARRATIVE DESCRIPTION

01 ☐ G. DRINKING WATER CONTAMINATION

03 POPULATION POTENTIALLY AFFECTED:

02 ☐ OBSERVED (DATE:)

☐ POTENTIAL

☐ ALLEGED

04 NARRATIVE DESCRIPTION

01 ☐ H. WORKER EXPOSURE/INJURY

03 WORKERS POTENTIALLY AFFECTED:

02 ☐ OBSERVED (DATE:)

☐ POTENTIAL

☐ ALLEGED

04 NARRATIVE DESCRIPTION

01 ☐ I. POPULATION EXPOSURE/INJURY

03 POPULATION POTENTIALLY AFFECTED:

02 ☐ OBSERVED (DATE:)

☐ POTENTIAL

☐ ALLEGED

04 NARRATIVE DESCRIPTION



POTENTIAL HAZARDOUS WASTE SITE
PRELIMINARY ASSESSMENT
PART 3 - DESCRIPTION OF HAZARDOUS CONDITIONS AND INCIDENTS

I. IDENTIFICATION

01 STATE 02 SITE NUMBER

MN MHD980609085

II. HAZARDOUS CONDITIONS AND INCIDENTS (Continued)

01 ☐ J. DAMAGE TO FLORA
04 NARRATIVE DESCRIPTION

02 ☐ OBSERVED (DATE: _____)

☐ POTENTIAL

☐ ALLEGED

01 ☐ K. DAMAGE TO FAUNA
04 NARRATIVE DESCRIPTION (Include name(s) of species)

02 ☐ OBSERVED (DATE: _____)

☐ POTENTIAL

☐ ALLEGED

01 ☐ L. CONTAMINATION OF FOOD CHAIN
04 NARRATIVE DESCRIPTION

02 ☐ OBSERVED (DATE: _____)

☐ POTENTIAL

☐ ALLEGED

01 ☒ M. UNSTABLE CONTAINMENT OF WASTES
(Spills/runoff/standing liquids/leaking drums)

02 ☐ OBSERVED (DATE: _____)

☒ POTENTIAL

☐ ALLEGED

03 POPULATION POTENTIALLY AFFECTED:

04 NARRATIVE DESCRIPTION

THE ASH WAS SPREAD 2 TO 4 FEET THICK OVER 31 ACRES OF THE
ABANDONED LANDFILL & COVERED WITH 6 INCHES OF TOP SOIL. DUE TO
PERIODIC FLOODING, THE ASH MAY BE REACHING SURFACE & GROUNDWATER.

01 ☐ N. DAMAGE TO OFFSITE PROPERTY
04 NARRATIVE DESCRIPTION

02 ☐ OBSERVED (DATE: _____)

☐ POTENTIAL

☐ ALLEGED

01 ☐ O. CONTAMINATION OF SEWERS, STORM DRAINS, WWTPs
04 NARRATIVE DESCRIPTION

02 ☐ OBSERVED (DATE: _____)

☐ POTENTIAL

☐ ALLEGED

01 ☐ P. ILLEGAL/UNAUTHORIZED DUMPING
04 NARRATIVE DESCRIPTION

02 ☐ OBSERVED (DATE: _____)

☐ POTENTIAL

☐ ALLEGED

05 DESCRIPTION OF ANY OTHER KNOWN, POTENTIAL, OR ALLEGED HAZARDS

III. TOTAL POPULATION POTENTIALLY AFFECTED: 500

IV. COMMENTS

THE SITE USED TO BE THE ST. PAUL LANDFILL. THE PROPERTY IS OWNED
BY SEVERAL PARTIES, INCLUDING BURLINGTON NORTHERN, STATE OF MN.,
AND THE CITY OF ST. PAUL.

V. SOURCES OF INFORMATION (Cite specific references, e.g., state files, sample analysis reports)

MINN. POLL. CONTROL AGY. FILES, ROSEVILLE

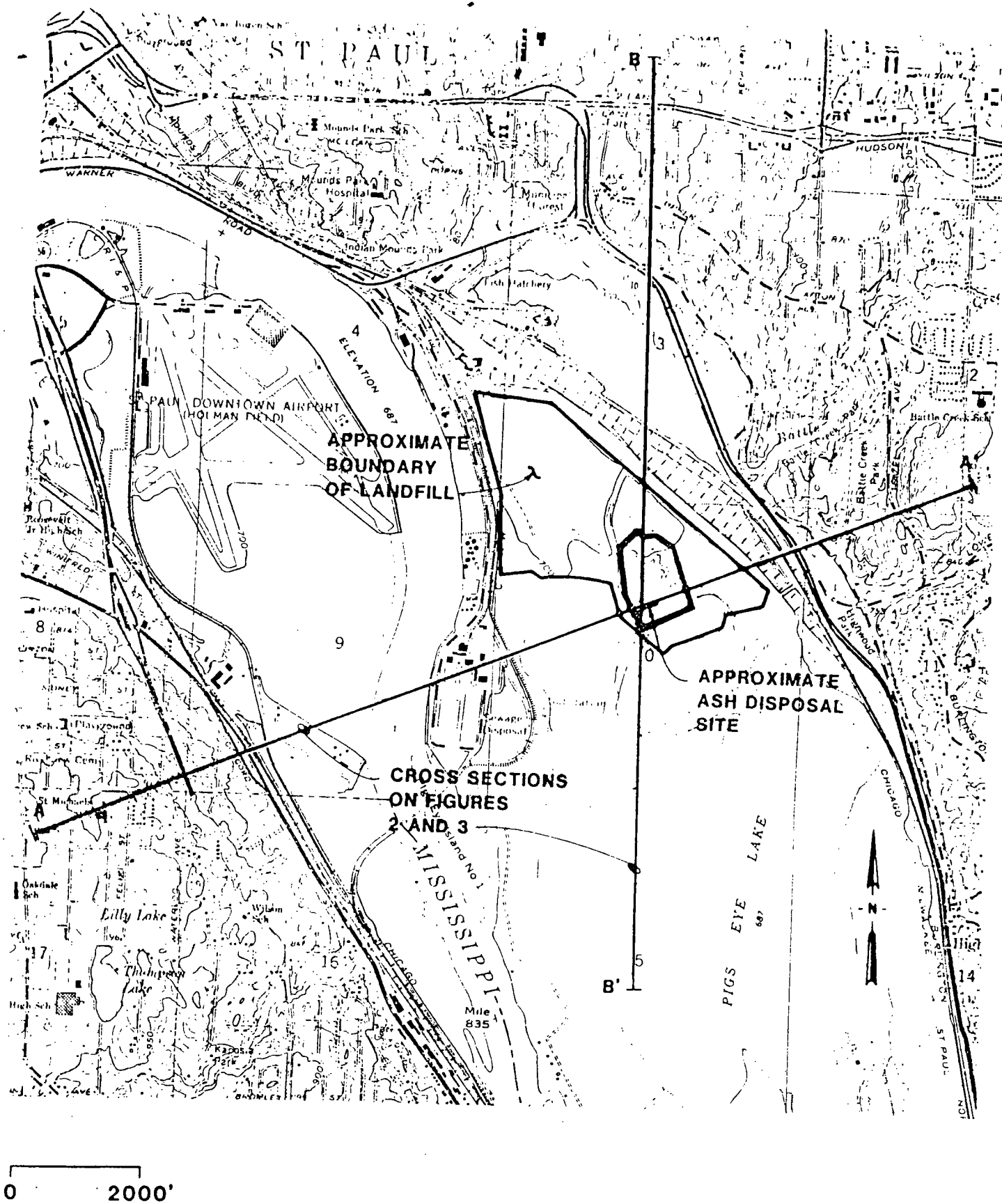


FIGURE 1
LOCATION OF ASH DISPOSAL SITE
OVER ABANDONED PIGS EYE LANDFILL